

26.0.0 HEALTHY START

26.1.0 Who Qualifies

Pregnant women, and children age 18 and under qualify for Healthy Start MA if they:

1. Are non-financially eligible (26.2.0), **and**
2. Pass the Healthy Start financial tests (26.3.0).

26.2.0 Non-Financial Tests

To be non-financially eligible they must meet all the general MA non-financial requirements in 40.2.0.

26.3.0 Financial Tests

26.3.1 Assets

There is no Healthy Start asset test.

26.3.2 Income

Count income and income disregards the same way as you do in AFDC-Related MA. Use the table at 30.6.0 to determine income limits. Test pregnant women and children under six years of age against the 133% FPL limits for categorically needy and against the 185% limits for medically needy. Test children ages six through 18 against the 100% FPL limits.

If the group has a pregnant woman, include the fetus when determining the FTG size for both the mom and children.

If any non-financially eligible individual fails and the FTG contains one of the following, go to FFU testing (28.0.0):

- Pregnant woman.
- Child with income.
- Stepparent.
- Non-marital co-parent. (NMCP)
- Non-legally responsible child.

If it does not contain one of the above and fails, determine a deductible (20.0.0). Use the medically needy income limit. Do not determine a deductible for caretakers.

26.4.0 Presumptive Eligibility for Pregnant Women

Presumptive Eligibility (PE) for pregnant women provides pregnant U.S. citizens with ambulatory prenatal care under MA, beginning on the day that a qualified provider:

1. Medically verifies the pregnancy.

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26.4.0 Presumptive Eligibility Pregnant Women (cont.)

2. Determines that the woman's family income does not for exceed the PE for pregnant women income limit.

The provider should refer non-citizens to the Economic Support Agency (ESA) for a MA eligibility determination.

Qualified providers are certified under a contract with the Division of Health Care Financing (DHCF). A qualified provider will determine if a pregnant woman is presumptively eligible for MA.

If she is, the qualified provider will:

1. Assist the woman in completing and signing the Medicaid Presumptive Eligibility Application for Pregnant Women (HCF 1043).
2. Fill out the temporary MA ID card at the bottom of the application form. The certification dates will be from the date PE for pregnant women is determined through the end of the month the determination is made.
3. Give the woman a temporary MA ID card.
4. Explain that the duration of her PE for pregnant women period depends on when she applies for MA at her ESA.
 - a. If she applies for MA by the end of the month following the month in which she became eligible for PE for pregnant women, the PE for pregnant women period ends the day on which the agency completes processing her application.
 - b. If she does not apply by the end of the month following the month in which she became eligible for PE for pregnant women, the PE for pregnant women period ends the last day of the month following the month in which she was determined eligible for PE for pregnant women. If she is found ineligible for MA, her PE for pregnant women will end following adverse action notice.
5. Send a copy of the completed application form to EDS and the ESA within five days.

26.4.1 At the ESA

If the woman applies for MA at the ESA on or before the last day of her PE for pregnant women period:

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26.4.1 At the ESA (cont.)

1. Verify she is presumptively eligible by checking her temporary MA ID card.

Assist her in filing the application. Consider the application filed if her name, address and signature are on the application.

2. If you are unable to finish processing her application by the end of her PE for pregnant women period, extend her PE for pregnant women period for an additional calendar month. Do the following:
 - a. After the "PE Extension" on the temporary MA card, write a date that is 30 days after the "Thru" date.
 - b. Stamp or write your agency's ID number and name on the temporary MA ID card. Return the card to the woman.

Complete a Medicaid/BadgerCare Certification form (DES 3070) and send to EDS. The medical status code is "PE" for categorically needy, "P2" for medically needy. Enter the extended date for the PE for pregnant women.

If she is found ineligible for MA, complete a negative notice (HCF 10123) to end the PE for pregnant women segment. Check box three and complete the sentence to read: "Your presumptive eligibility for pregnant women benefits will be stopped effective (write in date)". Under "Explanation of Action," write the reason MA is being denied. Mail one copy to the woman and one to the qualified provider. Complete a Medicaid/BadgerCare Certification form (DES 3070), indicating the PE for pregnant women end date, and send to EDS.

If the woman does not apply for MA, or applies after the end of the month following the month in which she was determined eligible for PE for pregnant women, her PE for pregnant women ends with no extension. Sending a negative notice is not necessary. If she applies after the end of the month following the month she was determined eligible, process the application as you would a standard MA application.

26.4.2 Assets and Income

PE for pregnant women has no asset limit. The categorically needy limit is 133% of the FPL and medically needy income limit is 185% of the FPL. See 30.6.0.

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26.5.0 Newborn Child

Newborn children are automatically eligible for MA if:

1. They are under age 13 months.
2. The natural mother was determined eligible for full-benefit MA (24.2.0) from the State of Wisconsin on the date of delivery.

Example. Ms. M. gave birth on April 15, 1992. On June 15, 1992 she applied for MA. Her eligibility was backdated to March 15, 1992. Her infant son is eligible from April 15, 1992 through April 30, 1993, the end of the month in which he turns one year old.

The newborn child does not receive this automatic eligibility if the mother's MA certification is under presumptive eligibility (19.9.0) or as an ineligible alien (2.3.0).

3. They are continuously living with the natural mother. If the child moves out of state or ceases to live continuously with the natural mother, s/he loses eligibility and cannot recover it.

The child is not required to have a SSN.

26.6.0 Certification Period

26.6.1 Pregnant Women

Begin Date. Backdate the certification to the first of the month, three months before the month of application. If the pregnancy is more recent, backdate to the first of the month in which the pregnancy began.

If a woman was pregnant before the date of her application, backdate her MA, even though she is not pregnant on the date of application. Do not, however, give her an extension.

Before backdating her MA, verify that she met all eligibility requirements during the retroactive period.

End Date. A pregnant woman stays eligible for the balance of the pregnancy and for an additional 60 days. Eligibility continues to the end of the month in which the 60th day occurs (9.5.0).

Example. A pregnant woman and her ten-year-old child apply on January 15, 1993. She fails regular categorically needy MA, but qualifies for Healthy Start categorically needy. She delivers on March 10, 1993. Sixty days after

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26.6.1 Pregnant Women (cont.)

the last day of pregnancy is May 9, 1993. Her eligibility continues through May 31, 1993.

During the pregnancy and 60-day extension, an increase in family income does not cause her to lose MA. Once found eligible, she remains income eligible for the pregnancy and 60 day extension. She does not have to meet a deductible for any months after she is found eligible.

If a BC case closes due to excess income prior to the end of the pregnancy, certify the pregnant woman manually using the PW or P1 med stat code. If the BC case closes during the 60-day extension period, use the E3 or E4 med stat code.

If she moves to another state during the 60-day extension period, her eligibility ends. Reinstate the extension, if she moves back into the state and becomes a resident again.

If the time period of the extension expires while the person is out-of-state, she does not regain the extension.

26.6.2 Newborn Child

Begin Date. For a newborn child, MA begins on the date of birth. It does not matter when the birth was reported.

End Date. The MA end date is:

1. The end of the month in which the child turns one-year-old, **or**
2. The date the child ceases to live continuously with his/her natural mother, **or**
3. The date s/he becomes non-financially ineligible.

Changes in the fiscal group's income have no effect on the child's eligibility during the certification period.

26.6.3 Child Under Age 6

Begin Date. The MA begin date is the first day of the month in which the child meets all eligibility factors.

End Date. The child remains eligible through the end of the month in which his/her sixth birthday occurs. S/he must continue to meet the Healthy Start income test.

If s/he fails the Healthy Start medically needy income test

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26.6.3 Child Under Age 6 (cont.)

anytime before his/her sixth birthday, close the case. On the day the child turns six, apply the six or over limits (30.6.0).

26.6.4 Children 6 through 18

Begin Date. The MA begin date is the first day of the month in which the child meets all eligibility factors.

End Date. Certify through the next review, or as long as all non-financial and financial eligibility factors remain unchanged.

26.6.5 Children in an Institution

A Healthy Start child of any age who resides in an acute care hospital remains eligible until the end of his/her stay. Disregard changes in income.

If s/he is an inpatient in a facility other than an acute care hospital, test him/her as an institutionalized child first. Certify him/her under Healthy Start only if s/he fails as an institutionalized child.

26.7.0 Inter-Agency Transfers

When a person on Healthy Start moves to another county or tribal area, transfer the case to the new agency. The agency that the client reports the move to must collect information about the changes, for example, the new address. If the agency does not have sufficient information about the changed circumstances, it must request information from the client, according to the MA verification policy (37.0.0).

CARES will automatically set a review date for one month after any changes are made. Correct the review date in CARES, so that it is the end of certification period. Run eligibility in CARES.